Maine Public Preschool Application

Thank you for your interest in establishing a new or expanding a current public preschool program. Before you begin, gather the following documents for reference and completion of the application process. Please see http://www.maine.gov/doe/publicpreschool/establishing/index.html for a link to a PDF copy if you would like to preview the entire application before entering into Survey Monkey.

Chapter 124: Basic Approval Standards: Public Preschool Programs
Child Development Services Memorandum of Understanding
Public Preschool Program Budget Worksheet
Memorandums of Understanding with other partners (Head Start, etc.) if applicable

To complete this application, enter responses and press the "next" button, to go back, press the "prev" button which are available at the bottom of every page. You may review and edit your responses before you hit the final "Submit" button. The application is available where you left off, provided you are on the same WiFi, until you submit it.

When you have completed the online portion, email your budget to nicole.madore@maine.gov
Send paper copies of the final signature page of the application, Memorandum of Understanding with CDS and Head Start letter of support (if not partnering), and partner MOU(s) [if applicable] to Nicole Madore at the Maine Department of Education, SHS 23, Augusta, ME 04333.

DEADLINE FOR NEW AND EXPANDED APPLICATIONS: APRIL 30   <u>No applications will be accepted after this deadline.</u>

If you have any questions or technical difficulties, contact Nicole Madore at nicole.madore@maine.gov or 624-6677.

School Administrative Unit Information

1. Name of School Administrative Unit

2. Indicate whether the district preschool program is new, or expanding.

( ) New (Our district does not currently have a preschool program)

( ) Expanding (We currently have at least one preschool classroom and want to add hours/classrooms/days/locations, etc.)

* 3. Identify today's date

	MM	DD	YYYY
Date / Time		/	/

Expanding Programs

4. Identify what you are expanding (check all that apply)

☐ Adding another preschool session, with the same teacher(s) in an existing school location

☐ Adding another classroom, therefore hiring new, additional staff in an existing school location

☐ Adding a new classroom(s) in a different school

☐ Increasing program hours per week

☐ Increasing program days per week

☐ Other (please specify)

New Program Location(s)

5. Provide the name and location of the NEW programs
(Refer to Chapter 124, Sections 3, 6, and 7 for Specific Requirements)

Name of School or Agency	
Administrator/ Principal	
Town	
County	
Classroom #1: Teacher name	
Classroom #1: Educational Technician(s) name	
Classroom #1: Teacher: Student ratio	
Name of School or Agency	
Administrator/ Principal	
Town	
County	
Classroom #2: Teacher name	
Classroom #2: Educational Technician(s) name	
Classroom #2: Teacher: Student ratio	
Name of School or Agency (if different than above)	
Name of School or Agency	
Administrator/ Principal	
Town	
County	
Classroom #3: Teacher name	

Classroom #3: Educational Technician(s) name	
Classroom #3: Teacher: Student ratio	
Name of School or Agency	
Administrator/ Principal	
Town	
County	
Classroom #4: Teacher name	
Classroom #4: Educational Technician(s) name	
Classroom #4: Teacher: Student ratio	

6. Do you have preschool programs currently approved in your district?

○ Yes

○ No

School and Teacher Information

7. Provide the name and location of previously approved preschool programs in your district counting children in NEO (If applicable)
(Refer to Chapter 124, Sections 3, 6, and 7 for Specific Requirements)

Name of School or Agency

Administrator/ Principal

Town

County

Classroom #1: Teacher name

Classroom #1: Educational Technician(s) name

Classroom #1: Teacher: Student ratio

Name of School or Agency (if different than above)

Name of School or Agency

Administrator/ Principal

Town

County

Classroom #2: Teacher name

Classroom #2: Educational Technician(s) name

Classroom #2: Teacher: Student ratio

Name of School or Agency (if different than above)

Name of School or Agency

Administrator/ Principal

Town

County

Classroom #3: Teacher name	
Classroom #3: Educational Technician(s) name	
Classroom #3: Teacher: Student ratio	
Name of School or Agency (if different than above)	
Name of School or Agency	
Administrator/ Principal	
Town	
County	
Classroom #4: Teacher name	
Classroom #4: Educational Technician(s) name	
Classroom #4: Teacher: Student ratio	

8. Do you need to fill out information for more than 2 locations?

◯ Yes

◯ No

Additional Locations

9. Provide the name and location of preschool programs in a pre-existing school(s) counting children in NEO
(Refer to Chapter 124, Sections 3, 6, and 7 for Specific Requirements)

Name of School or Agency	
Administrator/ Principal	
Town	
County	
Classroom #1: Teacher name	
Classroom #1: Educational Technician(s) name	
Classroom #1: Teacher: Student ratio	
Name of School or Agency (if different than above)	
Name of School or Agency	
Administrator/ Principal	
Town	
County	
Classroom #2: Teacher name	
Classroom #2: Educational Technician(s) name	
Classroom #2: Teacher: Student ratio	
Name of School or Agency (if different than above)	
Name of School or Agency	
Administrator/ Principal	
Town	
County	

Classroom #3: Teacher name	
Classroom #3: Educational Technician(s) name	
Classroom #3: Teacher: Student ratio	
Name of School or Agency (if different than above)	
Name of School or Agency	
Administrator/ Principal	
Town	
County	
Classroom #4: Teacher name	
Classroom #4: Educational Technician(s) name	
Classroom #4: Teacher: Student ratio	

Program Contact Information

10. Superintendent

Name

Email

Phone

11. Program Contact Information (If someone other than the superintendent)

Name

Title

Phone

Email

12. Are all classroom staff employed by the SAU?

○ Yes

○ No

If no, please list staff names and employer(s) below

13. What type of early childcare provider(s) are operating in your SAU?
 (Select all that apply)

☐ Family Child Care

☐ Child Care Center

☐ Head Start

☐ Private Preschool

☐ Other (please specify)

Information about Early Childhood Providers in your Community

14. Indicate the date(s) and location(s) of the meeting(s) with family child care, child care center, Head Start and/or private preschool programs in your community in which district personnel discussed how the public preschool will align with community needs. (Refer to Chapter 124, Section 12.01 for Specific Requirements)

Date(s)

Location(s)

Identify main topics of discussion and any questions or concerns that came up.

Community Partner Information

15. Will the new or expanded classroom operate under a partnership with another early childhood agency? (i.e. a Head Start or private childcare provider in the community)

◯ Yes

◯ No

Community Partner Information

If the district will have/has formal relationships with community partners (other than CDS) please complete the information below. If you do not have community partners skip this question. (Refer to Chapter 124, Section 12.02 for Specific Requirements)

16. Partner information

Name of Agency/Program	
Director	
Address	
City	
Zip Code	
Email	
Phone Number	
License Number	
Quality Rating & Improvement System (QRIS) Certficate #	
Type (family child care, child care center, Head Start, preschool)	

17. Partner information (complete only if you have multiple partners).

Name of Agency/Program	
Director	
Address	
City	
Zip Code	
Email	
Phone Number	
License Number	
QRIS Certificate #	
Type (family child care, child care center, Head Start, preschool)	

18. Provide information about your partners. (Complete only if you have multiple partners)

Name of Agency/Program	
Director	
Address	
City	
Zip Code	
Email	
Phone Number	
License Number	
QRIS Level 4 (included certificate on last page of application)	
Type (family child care, child care center, Head Start, preschool)	

Start and End Dates

19. Indicate the expected start and end dates of the preschool program. (Refer to Chapter 124, Section 5.01 for Specific Requirements)

	MM	DD	YYYY
Start Date		/	/
End Date		/	/

20. Indicate the number of instructional days annually for each preschool session. (Refer to Chapter 124, Section 5.02 for Specific Requirements)

Number of days

Preschool Schedule

21. Indicate the number of days per week a preschool classroom session is open

○ 5 days/week

○ 4 days/week

○ 3 days/week

○ 2 days/week

○ Other (please specify)

22. Indicate if the preschool program operates on a full day or half day schedule. If the schedule is variable describe how.

○ Full day (any given child attends for 5 or more hours per day)

○ Half day (any given child attends for less than 5 hours a day)

○ Other (please specify)

23. Indicate the total number of hours per week a preschool session operates. (How many hours does any given child attend weekly? Round hours up or down as necessary)

☐ 10-12

☐ 13-15

☐ 16-18

☐ 19-21

☐ 22-24

☐ 25-27

☐ 28-30

☐ More than 30

24. Indicate the total number of children served by the program, district wide

Developmental Screening & Child Development Services

25. Indicate the Child Development Services (CDS) Regional site for the preschool program. (Refer to Chapter 124, Section 12.01 for Specific Requirements)

26. Indicate the research-based developmental screening tool(s) used (check all that apply). (Refer to Chapter 124, Section 4.03 for Specific Requirements)

☐ Brigance

☐ DECA

☐ DIAL

Other (please specify)

27. Indicate the screening tools used for vision, hearing and health.

Vision:

Hearing:

Health:

28. Indicate the date(s) & location(s) for screening.

Date 1

Location 1

Date 2

Location 2

Date 3

Location 3

29. Indicate who will conduct screening(s). (Check all that apply.)

☐ CDS

☐ School district

☐ Head Start

☐ Public school staff or personnel

☐ School Nurse

Other (please specify)

[   ]

30. Explain how screening information will be used (e.g., to determine placement, to refer for additional assessment, etc.).

[   ]

Curriculum

31. Indicate the evidence-based curriculum/curricula used in the program and describe how it aligns with each developmental domain within Maine's Early Learning Development Standards. (Refer to Chapter 124, Section 4.01 and 4.02 for Specific Requirements)

Research-Based Assessment

32. Indicate the ongoing, research-based assessment(s) used which addresses all developmental domains and is aligned with Maine ELDS. Refer to Chapter 124, Section 4.03 B. Assessment 1-7.

☐ Teaching Strategies GOLD

☐ Child Observation Report (COR)

☐ Work Sampling System

Other(s) (please specify)

33. Indicate how the above assessment data will be collected and used.

Recruitment and Eligibility

34. Describe the district recruitment strategy for preschool students. Include information about recruitment of children with disabilities, those who have previously not had access to preschool, are homeless, etc.

35. Provide the name of the district's McKinney-Vento liaison.

36. Describe the district's process for prioritizing, identifying and enrolling McKinney-Vento eligible children in your preschool program.

37. Describe the eligibility criteria for preschool enrollment.
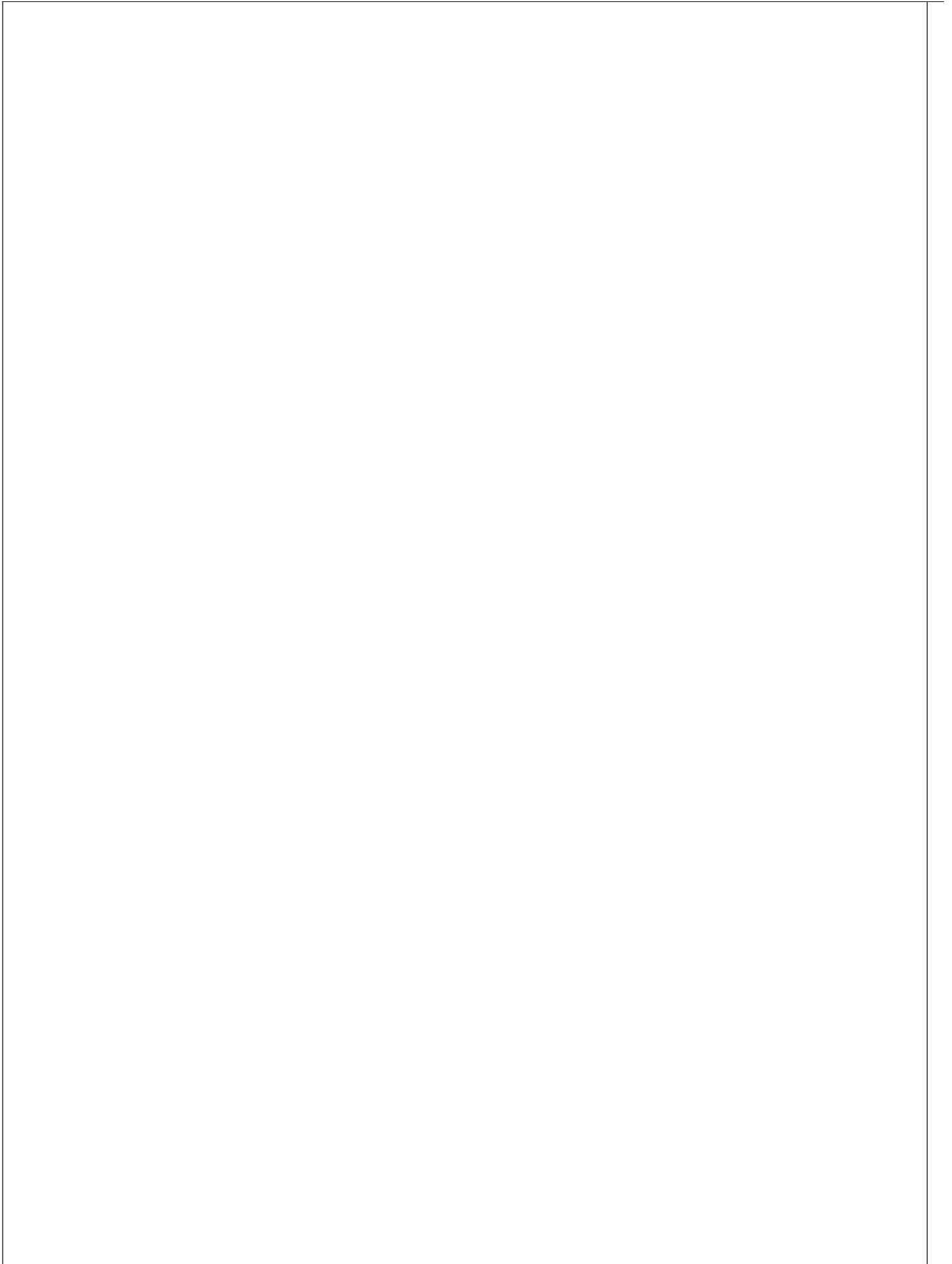
Enrollment and Intake Procedures

38. Describe the district's enrollment and intake procedures, (First come, first serve, lottery, certain percentage of free and reduced lunch rates, percentage of students with IEPs (you may want to consider the district's overall average of children with IEPs) etc.)

Transition *into* Public Preschool Program

39. Describe the procedures and supports for children transitioning into public preschool. (Refer to Chapter 124, Section 13.01 for Specific Requirements)

Meals and Snacks

40. Describe the plan to ensure well-balanced meals and/or snacks that follow the USDA guidelines?
(Refer to Chapter 124, Section 8.02 for Specific Requirements)

41. <u>If operating in a partnership</u> with a community agency, describe the procedures for maintaining student records and confidentiality. (Chapter 124, Section 15.01)

42. <u>If operating in a partnership</u> with a community agency, describe procedures for sharing student data and records. (Refer to Chapter 124, Section 15.01 for Specific Requirements)

Transportation

43. Indicate whether the SAU will provide transportation.

◯ Yes, but only one way (either arrival OR departure)

◯ Yes, in both directions (arrival AND departure)

◯ No, we rely solely on family transportation

◯ Other (please specify)

[   ]

Inclusion

44. Describe the program's inclusion practices and access to regular education instruction.

45. Describe the program's Response to Intervention (RTI) process and if/how it will include preschool students. (Click here fore more information)

Assurances

Federal and state laws require publicly funded preschools to meet specific standards. Applicants must provide assurances of complying with these regulations.

46. I assure that the preschool will comply with the following sections of Chapter 124 of the Maine Revised Statutes.

	Yes
Class Size Maximum 16 (Section 3)	○
Child:Staff Ratio of 1:8 is maintained at all times (Section 6)	○
Curriculum & Comprehensive Assessment (Section 4)	○
Quality of Education Personnel (Section 1)	○
Nutrition (Section 8)	○
Coordination with Community Programs (Section 12)	○
Transition (Section 13)	○
Transportation (Section 14)	○
Record and Reports (Section 15)	○
Public Preschool Approval Processes (Section 16)	○
Program Monitoring (Section 17)	○
The preschool curriculum offers activities in block building, dramatic play, writing, art, music science, math, literacy, sand/water play, manipulatives, and gross motor activities each session.	○
The daily scheduled is posted an include opportunities for individual, small group and whole group activities. Whole group time is limited to 10-20 minutes.	○
Opportunities for physical movement, fresh air and access to drinking water are provided to the children.	○
Opportunity for rest in a full-day program (more than 5 hours) is provided for the children. Cots or mats are provided for each child.	○
Transitions are minimized, including school "specials" especially during the first half of the school year. Most special supports or therapies are provided in-class to minimize transitions for children with disabilities.	○
Program development and service to any and all English learners are overseen by and English as a Second Language-endorsed teachers.	○

47. I assure that the preschool indoor/outdoor setting meets the following requirements:

	Yes
Indoor space available is a minimum of 35 square feet per child. (Hallways, lockers, cubbies, door swings, closets, supply cabinets, corridors, bathrooms, teacher spaces, food preparation areas and offices are not to be included as indoor space available per child.)	○
All classroom spaces are accessible to all children, including children with disabilities.	○
Water source is available in the classroom for hand washing, and drinking water readily available to children throughout the day.	○
The indoor environment is designed so staff can supervise children by sight and sound at all times. Supervision for short intervals by sound is permissible, as long as teachers check frequently on children who are out of sight (e.g., independent toileting).	○
Toilets, accessible for use by all participating children, are within 40 feet of the indoor areas that children use.	○
Electrical outlets in public preschool classrooms are protected by safety caps, plugs or other means.	○
Natural light is present in any classroom used for four-year-old program activities.	○
Easily accessible and individual space is available for children's outside clothing and personal possessions.	○
The program has access to an outdoor play area with at least 75 square feet of usable space per child and with equipment of a size suitable to the age and needs of four-year-old children as dictated by the National Safety Standards for playgrounds in public schools.	○
The outdoor play area is protected by fences or natural barriers.	○
Surfaces used under climbers, swings and at the bottom of slides are energy-absorbing materials such as mulch, sand or bark. Concrete or asphalt are not be used.	○
Outdoor play areas provide both shade and sun.	○
There are established protocols for emergencies.	○
The playground areas and equipment are accessible to all children.	○
Preschool classrooms schedule outdoor time by themselves, with other preschool classrooms, or with kindergarten children.	○

48. I assure that the preschool meets the following requirements regarding seclusion and physical restraint (Chapter 33 tx. See: http://www.maine.gov/doe/school-safety/restraints/index.html):

	Yes
The program understands and follows the reporting requirements regarding use of seclusion and restraint.	○
The program understands and follows the requirements regarding appropriate number of staff being trained by a qualified program regarding seclusion and restraint.	○
The program is aware of resources regarding behavior management and how to avoid issues associated with seclusion and restraint.	○

Final Steps

Print out this page and include the following:

☐ Assurance that budget has been mailed to Nicole Madore at Nicole.madore@maine.gov

☐ Copy of signed MOU with Child Development Services (CDS)

☐ Copy of signed letter of support from Head Start/child care providers/preschool programs if *not* in partnership

☐ Copy of MOU(s) with Head Start and/or local child care/preschool providers(s) if in partnership

_____

Superintendent Signature

_____

Printed Name

_____

Date

Mail the signed document to:
Nicole Madore
Maine Department of Education
State House Station 23
Augusta, ME 04333

49. Select your school administrative unit from the menu below